

TEMPORARY USE AUTHORIZATION APPLICATION

COLUMBIA COUNTY, GEORGIA

Applicant Name: _____

Date of Application: _____

PROPERTY INFORMATION:

Tax Map # _____ Parcel # _____ Acres: _____

Address: _____

Current Zoning: _____

Current Use of Property: _____

MOBILE HOME / TRAVEL TRAILER INFORMATION:

Number Requested: _____

Approximate Dimensions: _____

Connected to Water/Sewer/Electric: Yes / No

Please detail the proposed use of the mobile home(s) / travel trailer(s): _____

PROPERTY OWNERSHIP AND APPLICANT INFORMATION:

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

Email (or) Fax: _____

APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: _____

Email (or) Fax: _____

Submission Checklist

- Completed application form*
- Location map showing the approximate area for the temporary mobile home / travel trailer*
- Optional items:
 - Site photos
 - Pictures of the proposed mobile home / travel trailer
 - Additional information supporting the request

*Required with submission

I hereby depose and say under the penalty of perjury that all of the statements contained in or submitted with this application are true. This also acknowledges an understanding that a permit application must be submitted to the Building Standards Division and all inspections will be required in accordance with applicable Code(s).

Owner's Signature

Applicant's Signature

Printed Name

Printed Name